

Good Health CPS Guelph Clinic

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PATIENT INFORMATION: Last Name: First Name:		EFERRING PHYSICIAN:
DOB:(mm/dd/yyyy) Health Card Number:	VC:	
City: Pro Phone: Email:	ovince: Postal Code:	
Gender: ☐ Female ☐ Male ☐		
Can the Patient Exercise on a Treadmill: ☐ Yes ☐ No Level of Urgency: ☐ Urgent ☐ Elective		
INDICATION: Check all that apply *consultation will be arranged if there are high risk features on diagnostic testing Chest Pain – Consider: Echo & Appropriate Stress Testing with consultation Dyspnea – Consider: Echo & Appropriate Stress Testing with consultation Palpitations – Consider: Echo & 48-Hour Holter Monitor Syncope – Consider: Echo & 48-Hour Holter Monitor Atrial Fibrillation – Consider: Echo & 48-Hour Holter Monitor Cardiac Source of Embolism – Consider: Echo & 14-Day Holter Monitor High Risk CV Profile – Consider: Echo & Appropriate Stress Testing with consultation Murmer – Consider: Echo Other – Please specify indication below and select appropriate testing		
Echocardiography	☐ Echocardiogram	
Monitoring	Holter Monitoring: ☐ 24 hr ☐ 48 hr ☐ 72 hr ☐ 14 Day Ambulatory Blood Pressure Monitor: ☐ 24 hr (\$75 fee, cash or cheque only; not covered by OHIP)	
Stress Testing (Patient has no	☐ Treadmill Stress Test with consultati ☐ Treadmill Stress Test (<i>Test only</i>)	on
physical, cognitive or other impediment to exercise)	☐ Exercise Stress Echocardiogram with ☐ Exercise Stress Echocardiogram (<i>Tes</i>	
Consult	\Box Consultation requested if there are high risk findings on diagnostic testing \Box Consultation	
Please provide all relevant clinical information:		

Physician's Signature: _____ Billing #: _____ Date: _____